



Incident Report

Print Date/Time: 04/02/2016 18:43

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00005696

Incident Date/Time: 3/25/2016 11:49:00 AM
Location: SR 9 NE / SR 204
LAKE STEVENS WA 98258
Phone Number: (425) 879-5337
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0105-Irwin
19D3	SS0136-Shein
19D4	SS0138-Fiske

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MARTINDALE, DAVID		(425) 412-5618			
2	Reporting Party	MARTIN, JIM					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						ASR6231	

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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03/25/2016 : 12:52:05 SP0082 Narrative: TOW OS

03/25/2016 : 12:09:52 SP0082 Narrative: DAVID MARTINDALE RE KATRINA ERIMER 425-512-5658

03/25/2016 : 12:08:39 SP0082 Narrative: SKY VALLEY ENRT FOR BOTH TOWS

03/25/2016 : 12:07:11 default_nws Narrative: Narrative added from associated Call #: 604 - PH, RE 5 AGO REC OL CALL FROM FIANCEE KATRINA WEIMER, HEARD SIRENS IN BKGRND, CONCERNED SOMETHING HAPPENED TO HER, LR 419

03/25/2016 : 12:06:16 SP0082 Narrative: SECOND VEH FOR TOW IS SMALL PC

03/25/2016 : 12:05:03 SP0082 Narrative: NEED 2 TOWS TOTAL, ALL 4 ROUND, NEITHER DRIVEABLE

03/25/2016 : 12:04:40 SP0082 Narrative: NEXT TOW FOR ASR6231, BACK TIRES NOT ROUND

03/25/2016 : 11:57:35 SP0036 Narrative: 1 GREEN 1 YELLOW

03/25/2016 : 11:54:30 SP0082 Narrative: MULTIPLS VEHICLES, BOTH SIDES OF THE ROAD

03/25/2016 : 11:51:56 SP0082 Narrative: AA BDCST

03/25/2016 : 11:51:41 sp0251 Narrative: LR251

03/25/2016 : 11:51:28 sp0251 Narrative: 2 VEHS ,NON BLKING , UNK INJ

TOW IMPOUND RECORD - SKY VALLEY

03/25/2016 16:02 3605687812

SKY VALLEY TOWING

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CHECK ALL THAT APPLY:

☐ NON-IMPOUND/TOW

☐ AAA or OTHER ROADSIDE ASSISTANCE

☐ EVIDENCE

☐ SEIZED UNDER RCW 68.60.605

☒ IMPOUND ONLY

☐ DUI/PO IMPOUND WITH 12 HOUR HOLD

☐ DWLS IMPOUND WITH ___ DAY HOLD

☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER

☐ REGISTERED OWNER MAY REDEEM

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER
2016-00005696

VEHICLE INFORMATION			
VIN K1N1A1F1X161A18151E15121119171014			
LICENSE ASR6231	STATE WASHINGTON	YEAR 2014	MAKE KIA
MILEAGE <input type="checkbox"/> Report of Sale UNREADABLE		STYLE SEDAN 4 DR	MODEL FORTE
COLOR BLACK			
DRIVER		REGISTERED OWNER	
NAME (LAST, FIRST, MI) WEIMER, CATRENA M		NAME (LAST, FIRST, MI) WEIMER, CATRENA M	
STREET ADDRESS 4606 58TH DR NE		STREET ADDRESS 4606 58TH DR NE	
CITY, STATE, ZIP CODE MARYSVILLE, WA 98270		CITY, STATE, ZIP CODE MARYSVILLE, WA 98270	
PHONE DOB 7/5/1972	PHONE		
LEGAL OWNER			
NAME (LAST, FIRST, MI) LEGAL SAME		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	

AUTHORIZATION AND RECEIPT

ON 3/25/2016 AT 12:23 PURSUANT TO RCW 49.56.080 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS
(DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED SKY VALLEY (TOWING FIRM) 1113 (DOT TRUCK NO.)
DRIVEN BY JOHNSON (DRIVER'S PRINTED FIRST AND LAST NAME) TO REMOVE THIS VEHICLE FROM 800 SR9 (LOCATION)

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> () KEYS <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> () DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input checked="" type="checkbox"/> L SIDE <input checked="" type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER		

INVENTORY	NARRATIVE OR DIAGRAM (List reason(s) for impound.)
	Vehicle damaged and not operable

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRMS OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC
SIGNATURE
3000-110-078 (R 07/13)

B. Fluke #0138

SNOHOMISH, WA
COUNTY, WA

0138 Lake Stevens PD
BADGE NO. AGENCY



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 10-5696VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE)	RACE	ETHNICITY	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES
Neary, Samantha, Rochelle	W	Not H.	F	3/4/92	24	5'6"	155	br	Ha
STREET ADDRESS			CITY		STATE		ZIP		
521 102nd dr SE #A1			Lake Stevens		WA		98258		
HOME PHONE		CELL PHONE		WORK PHONE					
N/A		(425) 777-5716		N/A					
EMAIL ADDRESS (OPTIONAL)				PLACE OF EMPLOYMENT					
SamanthaSN N/A				N/A					

STATEMENT:

I was driving North down on Hwy 9 and I saw a black car attempting to do a u-turn when a blue car hit the black car. The black car was on the ~~right~~ shoulder of Hwy 9 when attempting to make a u-turn to head South.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

OFFICER/NUMBER:

DATE SIGNED:

B. Fiske #138

3-25-16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page ___ OF ___


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E530072

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00005696
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LOCAL AGENCY CODING	0311900
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	03	-	25	-	2016			1151	31			S	W	0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR9	BLOCK NO. <input checked="" type="checkbox"/>	800
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE
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LAST NAME	WEIMER	FIRST NAME	CATRENA	MIDDLE INITIAL	M
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STREET NEW ADDRESS	4606 58TH DR NE
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CITY	MARYSVILLE	ST	WA	ZIP	98270
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	WEIMECM289ME	STATE	WA	SEX	U	D.O.B. MMDDYYYY	07	-	05	-	1972
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	4	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	6	NATURE OF INJURIES	TRANSPORTED TO HOSPITAL
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LICENSE PLATE #	ASR6231	STATE	WA	VIN#	KNAFX6A85E5219704
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2014	MAKE	KIA	MODEL	FORTE	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/>	TOWED BY	SKY VALLEY	GOVT. VEHICLE YES <input type="checkbox"/>
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REGISTERED OWNER INFO. CATRENA WEIMER 4606 58TH DR NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO H2184515
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/>	CITATION #	6Z0435769	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE	D: 4253348454
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LAST NAME	KNAPP	FIRST NAME	DARYL	MIDDLE INITIAL	L
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STREET NEW ADDRESS	12316 36TH ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982588165
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	KNAPPDL313J3	STATE	WA	SEX	M	D.O.B. MMDDYYYY	04	-	23	-	1969
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	SORENESS
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LICENSE PLATE #	AKV0917	STATE	WA	VIN#	2B3CJ5DT6AH261305
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2010	MAKE	DODG	MODEL	CHA2D	STYLE	CP	VEHICLE TOWED YES <input checked="" type="checkbox"/>	TOWED BY	SKY VALLEY	GOVT. VEHICLE YES <input type="checkbox"/>
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REGISTERED OWNER INFO. DARYL KNAPP 12316 36TH ST NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 964558652
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	B. FISKE #0138	BADGE OR ID #	0138	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E530072**CASE # **2016-00005696**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		NEARY SAMANTHA R																
ADDRESS & PHONE # 521 102ND DR SE #A4 LAKE STEVENS WA 98258 4257775716										SEX F	D.O.B. MMDDYYYY 03	-	04	-	1992			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

V1 was parked on northbound shoulder of SR9 and attempted to make illegal U-turn across SR9 to southbound lanes. V1 pulled in front of V2 and V2 did not have time to stop and struck V1. Driver of V1 issued NOI for improper U-turn. Driver of V1 appeared to have injuries and fire responded to the scene. Driver of V1 had serious enough injuries that she was taken via ambulance to the hospital. I was unable to get a statement from her. Driver of V2 said he was sore but did not need to go to the hospital. Both vehicle were towed from the scene because they were not able to drive.

Samantha Neary witnessed the collision and said V1 tried to make a u turn from the shoulder on SR9 from the northbound lanes to the southbound lanes. She said V1 turned right in front of V2 and V2 was unable to stop. She completed a written statement.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. FISKE #0138
03-26-16 04:52 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

SGT. C. VALVICK 0071
3/31/2016 4:59:56 PM

BADGE OR ID #

0138

ORI #

WA0311900

TIME POLICE DISPATCHED

11:52 AM

TIME POLICE ARRIVED

11:54 AM

REPORT NO. E530072

CASE # 2016-00005696

DATE AND TIME
OF COLLISION 03/25/16 11:51

Not to Scale

